

[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]

Form of N			5
Form of Nomination for Death Insurance for CTC Employees			
sidial Man			
CIVIC# LIZUT DI	19 mg/_	1	
CNIC # 2/203 82 79 59/-5 working as A.S hereby			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	
Nominees	100	opecification of Share	Contact Number
CH , 1			
Shaf Awar	Terfe.	For Insurance	- 0332 5828644
KiramafKhan			
, production of the second	Cazes 199	4	0336 R8 R2773
(In case of death of first choice) - 2nd Option			
Name of Nominee			
Nominees	Relationship	Specification of Share	Contact Number
01 / 1			•
Shafe Aware	Zuite	tor Insurance	033258266.74
			035200206.74
Time			
I hereby certified that the abo	ve noted member(s) of my family mentions.	d
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
and of no effect			
• ,	E. Vous de		
D A TITTE		SICNIA TITATO	
DATED:		OLUMIUKE OR T	HUMB IMPRESSION OF

THE EMPLOYEE